

**UF LIBRARIES HONORIUM EXPENSE FORM**

Guest Speaker: YES NO Name  
 UF Employee (*needs Pre-approval for HR 600 Form*): YES NO Name  
 Foreign Traveler: YES NO Name

Date(s) of Event: (mm/dd/yyyy)

Event Name:

Event Info (can attach advertisement):

UF Employee in charge of event &amp; UFID:

Funding (*specify name/chartfield*):

Grant Info: Amount: \$

Foundation: Amount: \$

Other (*describe*): Amount: \$

UF Approvers for Funding:

Budget Amount (*attach breakdown or use budget form*): \$**Foundation Funding ONLY** - *complete with a short response:*

Donor Intent or detailed purpose of fund per Gift Agreement or other UFF Record:

How does this expenditure specifically fit within the donor intent or fund purpose?

## OPTIONS:

- |  |                    |     |    |
|--|--------------------|-----|----|
| 1. * Honorarium Payment Only ( <i>Lump Sum</i> )                   | \$                 |     |    |
| 2. Honorarium Payment ( <i>Travel Reimbursements only</i> )        | \$                 |     |    |
| 3. Paying Both ( <i>Honorarium Payment &amp; Travel Expenses</i> ) |                    | YES | NO |
| - <i>Specify Amounts for each</i>                                  |                    |     |    |
|  | Honorarium:        | \$  |    |
|  | ** Travel Expenses | \$  |    |

**Notes for above:** 1. \* Preferred Method 3. \*\* For Travel Expenses- provide details on Travel Budget Form (next page)PCARD Purchases for Airfare/Hotel (*give details on next page*): YES NOPrepayment for meals (*foreign visitors only*): YES NO

Legal FULL Name (Per Passport or Driver's License):

Mailing Address:

Email Address:

Contact #: Cell Home Other

Date of Birth (*receive over phone*): Call Fiscal Services and reference Grover ticket number.Social Security Number: (*receive over phone or attached to an email*). Call Fiscal Services and reference Grover ticket number.

